

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011385

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1606

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 5 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

KANSAS CITY

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ST. MARY'S HOSPITAL

Length of stay in 1b  
40 yearsInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY  
OR  
TOWN KANSAS CITYInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
3027 PASEOReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EARL

C.

STEMM

4. DATE  
OF  
DEATH

Month

Day

Year

MARCH

16th

1962

5. SEX  
MALE6. COLOR OR RACE  
CAUCASIAN7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-13-859. AGE (last birthday)  
77IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired Commission Man10b. KIND OF BUSINESS OR INDUSTRY  
Livestock11. BIRTHPLACE (City and state or country)  
Roseville, Illinois12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Matthias Judd Stemm

## 13b. MOTHER'S MAIDEN NAME

Lyda Morgan

## 14. NAME OF HUSBAND OR WIFE

Catherine Stemm

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Catherine Stemm, 3027 Paseo, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Cerebral Vascular Accident  
Generalized Arteriosclerosis  
Pyelonephritis ChronicINTERVAL BETWEEN  
ONSET AND DEATH8 Days  
10 yrs  
3 yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

June 1950

to

3/16/62

and last saw him

alive on

3/16/62

## Death occurred at

11.35 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J.D. Bennett M.D.

## Degree or title

## 22b. ADDRESS

409 E 63rd St. K.C. Mo.

## 22c. DATE SIGNED

3/19/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

Mch. 20, 1962

## 23c. NAME OF CEMETERY OR CREMATOR

## 23d. LOCATION (City, town, or county)

(State)

Burial

Mt. Washington Cemetery

Kansas City

Missouri

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd

## ADDRESS

D.W. Newcomer's Sons

Kansas City Mo

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DR. J. D. BENNETT M.D.  
409 East 63rd St - 2nd floor  
12:30-4:00

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Erving M. Dwyer*

Licensed Embalmer No. 3566

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.